

## AFFILIATION PARTNERSHIP COUNCILS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook outlines the procedural requirements pertaining to establishing, administering and maintaining Affiliation Partnership Councils and associated subcommittees or subcouncils (e.g., Medical Education Subcouncil).
- 2. SUMMARY OF MAJOR CHANGES:** The Handbook has been written with specific emphasis on the following areas:
  - a. Each VA facility having one or more health care professions training affiliations must establish an advisory entity (i.e., Affiliation Partnership Council) to assist in the management and coordination of the relationships between VA and its affiliations partners; and
  - b. Each Council will have broad representation from the VA's affiliated education and training institutions.
  - c. The incumbent responsibilities are described.
- 3. RELATED ISSUES:** VHA Directive 1400.
- 4. RESPONSIBLE OFFICIALS:** The Chief Academic Affiliations Officer (14) is responsible for the contents of this Handbook. Questions may be referred to (202) 273-8946.
- 5. RESCISSIONS:** M-8, Part I, Chapter 3, para.3.02, and Appendices 3A, 3B, and 3C are rescinded.
- 6. RE-CERTIFICATION:** This document is scheduled for re-certification on or before the last working day of September 2007.

S/ Nevin M. Weaver for  
Robert H. Roswell, M.D.  
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 9/25/2002  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 9/25/2002

**CONTENTS**

**AFFILIATION PARTNERSHIP COUNCILS**

<b>PARAGRAPH</b>	<b>PAGE</b>
1. Purpose .....	1
2. Background and Scope .....	1
3. Definitions .....	1
a. Affiliation .....	1
b. Affiliation Agreement .....	1
c. Affiliation Partnership Council .....	1
d. Education Programs .....	1
e. Major Participating Institution .....	2
f. Sponsoring Institution .....	2
4. Affiliation Partnership Council Roles and Responsibilities .....	2
a. Local Facility Affiliation Partnership Council .....	2
b. VISN Affiliation Partnership Council .....	3
5. Affiliation Partnership Council Leadership .....	3
6. Council Membership .....	4
7. Subcommittees and Subcouncils .....	6
8. Affiliation Partnership Council Meetings .....	6
a. Site .....	6
b. Frequency .....	6
c. Schedule .....	7
d. Quorum .....	7
e. Minutes .....	7
9. Reporting Requirements .....	7
 <b>APPENDIX</b>	
A Medical Education Subcouncil .....	A-1

## AFFILIATION PARTNERSHIP COUNCILS

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook outlines the procedural requirements for establishing, administering and maintaining Affiliation Partnership Councils and associated Subcouncils or Subcommittees. The incumbent responsibilities are also described.

### 2. BACKGROUND AND SCOPE

a. The Department of Veterans Affairs (VA) conducts an education and training program for health care professions students and residents to enhance the quality of care provided to veteran patients in the VHA health care system. Education and training efforts are accomplished through coordinated programs and activities in partnership with affiliated academic institutions.

b. Title 38, United States Code (U.S.C.) §7313. Advisory committees: affiliated institutions. This provision of law requires each VA facility, having one or more health care professions training affiliations, to establish an advisory entity (e.g., Affiliation Partnership Council) to assist in the management and coordination of the relationships between VA and its affiliations partners. The intent is for the councils to act as the strategic planning and coordinating bodies for the affiliation(s). The councils are a forum for affiliation partners to provide leadership in attaining VA's patient care and educational missions and have regular dialog on local and national topics such as: patient care, education, training, and research. The councils also provide VA with an opportunity to play a leadership role in shaping the education of future health care professions.

c. It is expected that Affiliation Partnership Councils will have broad representation from the VA's affiliated education and training health care organizations and that a wide range of issues will be discussed.

### 3. DEFINITIONS

a. **Affiliation.** A legal relationship between VA and an academic health care organization for the academic purposes of enhanced patient care, education, and research is an affiliation.

b. **Affiliation Agreement.** The Affiliation Agreement is the legal document that enables an affiliation. Affiliation agreements are required for all clinical education or training that involves direct patient contact by trainees.

c. **Affiliation Partnership Council.** An Affiliation Partnership Council is an advisory body formed to assist in the management and coordination of the relationship between VA and its affiliation partners. It acts as the strategic planning and coordinating body for the affiliation(s).

d. **Education Programs**

(1) **Medical Education Programs.** Medical Education Programs are defined as specific health care academic programs in allopathic and osteopathic medicine.

(2) **Associated Health Care Professions Training Programs.** Associated Health Care Professions Training Programs are defined as all health care academic programs other than allopathic and osteopathic medicine. In addition to training programs in the traditional associated health care professions disciplines (i.e., audiology and speech pathology, dietetics, nursing, pharmacy, psychology, social work), VA classifies podiatry, optometry, and dentistry as associated health care professions programs.

e. **Major Participating Institution.** A major participating institution is the institution to which physician residents rotate for a required experience of long duration and/or those that require explicit approval by the appropriate Accreditation Council for Graduate Medical Education Residency Review Committee prior to utilization.

f. **Sponsoring Institution.** A sponsoring institution is the institution (e.g., a university, medical school, hospital, school of public health, health department, public health agency, organized health care delivery system consortium or educational foundation) that assumes the ultimate responsibility for a graduate medical education program.

#### **4. AFFILIATION PARTNERSHIP COUNCIL ROLES AND RESPONSIBILITIES**

a. **Local Affiliation Partnership Council.** The local Affiliation Partnership Council:

(1) Recommends strategies that ensure VA continues to provide high quality, comprehensive care to veteran patients while preserving the education and research objectives of the affiliated health care organizations.

(2) Advises the facility Director, Veterans Integrated Service Network (VISN) Director, and Chief Academic Affiliations Officer on policy matters arising in connection with the operation of the education, training and research programs conducted in VA facilities affiliated with medical schools, dental schools, and other schools, colleges, and institutions offering education and training programs in associated health care professions.

(3) Provides advice on the development, management, and evaluation of VA-conducted education, training, and research programs.

(4) Acts as the strategic planning and coordinating body for academic matters involving the VA medical facility and its affiliated institutions.

(5) Recommends goals and reviews the attainment of measurable educational outcomes.

(6) Collaborates with VA personnel in implementing medical and dental postgraduate training and student clinical clerkship programs at the VA facility. This includes determining their scope, organization, standards of performance, and facility preparedness.

(7) Collaborates with VA personnel to implement educational and training programs of the associated health care professionals (i.e., audiology and speech pathology, dietetics, nursing, optometry, podiatry, pharmacy, psychology, social work, and other non-physician health-related professions).

- (8) Advises and assists VA facility management in its efforts to meet educational accreditation requirements.
- (9) Makes recommendations for correcting deficiencies and resolving problems.
- (10) Cooperates in maintaining the quality of VA's medical and associated health care professions education programs at a level equal to or greater than at the affiliated institutions.
- (11) Collaborates with the VA medical facility Director, Chief of Staff, facility education leader (e.g., Associate Chief of Staff (ACOS) for Education), ACOS for Research and Development (R&D) and chiefs of clinical services and/or service line managers in the supervision (<http://vaww.va.gov/publ/direc/health/handbook/1400.1hk.pdf>) of training programs and the activities of the attending and consultant staff at the VA medical facility.
- (12) Advises the VA medical facility Director and Chief of Staff on the appropriate use of medical resident positions and other educational, training and research resources to meet the combined needs of the VA medical facility and the affiliate(s) within the limits of each organization's laws and regulations.
- (13) Advises the VA medical facility Director, Chief of Staff, and ACOS for R&D and facility education leader (e.g., ACOS for Education ) on research activities and the integration of research programs with other facility activities through interaction with the VA facility's R&D Committee.

b. **VISN Affiliation Partnership Council.** If a VISN Affiliation Partnership Council is established, it:

- (1) Reviews affiliation relationships between the VISN and its major affiliates;
- (2) Monitors formation and renewal of affiliation agreements in the VISN;
- (3) Develops goals and sets strategies to address accomplishment of goals;
- (4) Assesses and addresses educational and research implications of emerging changes in the VA health care system and VISN;
- (5) Enables previously untapped educational and research opportunities, resources and partnerships;
- (6) Develops strategies for continual improvement in the education and research environment within the VISN; and
- (7) Shares and promotes best practices.

## **5. AFFILIATION PARTNERSHIP COUNCIL LEADERSHIP**

The Council needs to be chaired by an individual in a senior leadership position at the VA medical care facility (i.e., Director or Chief of Staff) or co-chaired by a VA and an affiliation representative. In cases of multiple affiliations with VA, consideration needs to be given to rotating the chair position among the affiliated institutions.

## 6. COUNCIL MEMBERSHIP

a. Title 38 U.S.C. §7313 delineates the members of these committees to include appropriate representation from VA's staff and the entity(ies) with which VA has the affiliation agreement(s) as well as the Chief of the Nursing Service or equivalent position (i.e., Associate Medical Center Director for Patient Care Services, Nurse Executive), or designee.

b. The Affiliation Partnership Council is expected to include representatives of the affiliated medical school(s), the organizational entities sponsoring graduate medical education programs covered by the (affiliation) agreement(s), and VA representation from programs covered by the agreement(s). Consequently, it is comprised of medical school deans, and senior faculty members of the affiliated medical and dental schools and other affiliated health care organizations, as appropriate.

c. The Affiliation Partnership Council is expected to include representatives of the schools and/or affiliated organizations offering programs in associated health care professions education in its membership. The selection of appropriate representatives from among the non-medical or dental schools and/or affiliated health care organizations is based on the nature and extent of their educational activities in the VA medical care facility. The council membership needs to include representatives of those health care professions with major training programs at the VA facility.

d. Representative(s) of the medical and dental staffs of VA facility and such other affiliated schools faculty are appropriate to consider and advise on the full range of the council's responsibilities. **NOTE:** *It is recommended that a representative from the VA's Not-for-Profit Education Corporation Board of Directors be a member of the council.*

e. Veterans service organization representation is strongly recommended. However, as an alternative, Affiliation Partnership Council minutes may be discussed at VISN Management Assistance Councils with feedback provided to the chair of the Affiliation Partnership Council. It is important that communication be maintained between affiliated health care organizations and the veterans service organizations. The facility Director is in a key position to establish such communication at the local level and is encouraged to find effective ways of accomplishing this goal. Representation of the consumers of VA health care services provides an important contribution to the overall understanding of VA's goals for patient care, education, and research.

f. Temporary appointments to the Affiliation Partnership Council for acting department chairperson(s) at affiliated medical schools and acting chiefs of services and/or service line managers at the VA facilities are made by a letter from the chairperson of the committee to the individual. **NOTE:** *All temporary appointments terminate automatically when permanent appointees replace temporary appointees.*

g. Title 38, U.S.C. §7313, requires that the Secretary of Veterans Affairs appoint the members of these advisory committees. It also requires that the Secretary of Veterans Affairs prescribe the number of members and the terms of the members appointed. This

authority has been delegated to the VISN Directors to allow for a more streamlined process of appointment.

h. Representatives of the affiliated health care organization(s) are nominated by the Dean or Vice-President of Health Affairs of the affiliated institution(s). VA representatives, Chief of the Nursing Service or equivalent position ( i.e., Associate Medical Center Director for Patient Care Services or Nurse Executive), and representatives of the VA physician and dentist staffs are recommended by the facility's Clinical Executive Board and/or Professional Standards Board.

i. Representatives from the associated health institutions are recommended by the facility's education leader (e.g., ACOS for Education).

j. All nominations and the length of each appointment are submitted through the facility Director to the VISN Director. Nominees acceptable to the VISN Director are appointed.

k. **Voting Members.** Representatives of the affiliated health care organization(s), associated health institutions, VA representatives (i.e., Chief of Staff (if not chair or co-chair), Chief of the Nursing Service or equivalent position (i.e., Associate Medical Center Director for Patient Care Services or Nurse Executive)), and representatives of the VA physician and dentist staffs are voting members. ***NOTE: In the event that voting members cannot attend a Council meeting they may designate an appropriate proxy.***

l. **Non-voting, Ex Officio Members**

(1) The VA medical facility's Associate Director is an ex officio member without vote who will be in regular attendance at the Affiliation Partnership Council meetings.

(2) Veterans service organization representatives and the representative member from the VA's Not-for-Profit Education Corporation Board of Directors are ex officio members without vote.

m. **Other Participants and/or Observers**

(1) Given the diverse organizational structures that may be represented in a VISN (e.g., service lines), it is recommended that the VISN Academic Affiliations Officer be invited to attend one or more meetings per academic year as appropriate.

(2) The Council needs to also include personnel involved in the administration of education, training and research, such as: ACOS for Education, ACOS for Research and Development, and the Chiefs of the major medical services (medicine, surgery and psychiatry) or service line managers, as appropriate. ***NOTE: Others may also be designated by the facility Director.***

(3) At the chairperson's discretion, other VA employees and representative trainees from the major training programs may be invited to attend as participants and/or observers in order to have their opinions considered. These participants and/or observers may attend regularly but they may not be voting members.

n. **Member Compensation.** Members of the Affiliation Partnership Councils and Affiliation Partnership Council Subcommittees are not entitled to consultant or attending fees for participating in a meeting of the Affiliation Partnership Council or for discharging any other Affiliation Partnership Council duty.

## 7. SUBCOMMITTEES AND SUBCOUNCILS

a. The Affiliation Partnership Council may appoint ad hoc subcommittees or subcouncils for the accomplishment of specific management or strategic tasks or duties for which the Affiliation Partnership Council is responsible (e.g., Medical Education, Facility Residency Review Committee (RRC), Nursing Education). An Affiliation Partnership Council associated with more than one VA facility or an entire VISN may also choose to designate a subcommittee or subcouncil to represent it in the conduct of affairs at a single facility. Such subcommittees or subcouncils serve in an advisory capacity to the Affiliation Partnership Council and are responsible to the parent Affiliation Partnership Council in all its activities. The creation of these subcommittees or subcouncils and the appointment of members does not require approval by the VISN Director.

b. In VA-medical school affiliations the advisory role of the Affiliation Partnership Council has been traditionally provided by the “Dean’s Committee.” A Medical Education Subcouncil may be established to continue the oversight of appointments to key positions, evaluation of students and residents, and adherence to VHA standards on resident supervision (<http://vaww.va.gov/publ/direc/health/handbook/1400.1hk.pdf>), etc. (see App. A).

c. The parent Affiliation Partnership Council will nominate members of subcommittees or subcouncils to the VA facility Director. Nominees acceptable to the VA facility Director are appointed. The chairperson must be a member of the parent Affiliation Partnership Council; additional members may include other members of the Affiliation Partnership Council and any other appropriate individuals.

d. Reports of all subcommittee’s or subcouncil’s meetings must be appended to the parent Affiliation Partnership Council minutes and their activities reflected in the Council minutes sent to the Office of Academic Affiliations (14).

## 8. AFFILIATION PARTNERSHIP COUNCIL MEETINGS

A wide variety of topics may be discussed in the context of the Affiliation Partnership Council meetings. They will cover a range of operational as well as local and VISN strategic issues and local implementation of VA policies.

a. **Site.** Affiliation Partnership Council meetings need to be held in a mutually agreed to location.

b. **Frequency.** Meetings must be held at least three times during the academic year.

c. **Schedule.** The schedule for Affiliation Partnership Council meetings to be held during the year must be published in the minutes of the first Affiliation Partnership Council meeting of the year so that members can arrange to attend and thereby ensure a quorum.

d. **Quorum.** All Affiliation Partnership Council meetings must have a quorum in excess of 50 percent of the voting members, including at least one full-time VA voting member.

e. **Minutes.** The minutes of each Affiliation Partnership Council meeting must include a list of the members present and absent. The title of each member is to be indicated. The names and titles of all persons serving as proxies for regular members and the names of participants and/or observers must be included. The minutes must reflect matters discussed and recommendations proposed. A copy of the minutes of each meeting of the Affiliation Partnership Council must be sent to the Office of Academic Affiliations (14).

(1) Reports and minutes of all Affiliation Partnership Council subcommittee and ad hoc subcommittee meetings must be appended to the parent Affiliation Partnership Council minutes and their activities reflected in the Council minutes sent to the Office of Academic Affiliations (14).

(2) Office of Academic Affiliations staff review and monitor these minutes. This review provides a mechanism through which evolving system issues can be identified and brought to the attention of the Under Secretary for Health. **NOTE:** *It also helps in obtaining information that supports the VA facility (ies) educational interests.*

## 9. REPORTING REQUIREMENTS

a. The “Report of VA Medical Training Programs” (Report Control Symbol (RCS) 10-0023) requests information about the Council chair(s), membership, discussion topics, meeting frequency, established subcommittees and subcouncils, etc.; it is to be completed and submitted in March of each year.

b. VHA Handbook 1400.1 on “Resident Supervision” requires medical facility directors to report the status of the medical center training programs annually to the VISN Director. This is done through the web-based registry Annual Report on Resident Training Programs (Report Control Number (RCN) 10-0906.) It is to include any action taken by accrediting or certifying bodies, any changes in the status of affiliations, a specific analysis of resident supervision issues, and a managerial review. VISN Directors are required to summarize VISN training issues and forward them to the Chief Academic Affiliations Officer. These are reviewed and pertinent issues brought to the attention of the Under Secretary for Health. **NOTE:** *The report is completed in the fall of each year.*

## MEDICAL EDUCATION SUBCOUNCIL

### 1. FUNCTION

If a Medical Education Subcouncil is established, its functions include the following, it:

a. Nominates qualified candidates to the Department of Veterans Affairs (VA) medical facility Director and Chief of Staff for consideration as full-time and regular part-time physicians of the professional staff of the hospital, including the chiefs of services and/or service line managers.

b. Nominates qualified candidates to the VA medical facility Director and Chief of Staff for appointment as the medical attending and consulting staff and, in collaboration with the Director and Chief of Staff, formulates their schedule of attendance at the facility.

c. With advice and concurrence of appropriate medical school department chairpersons and VA chiefs of services and/or service line managers, nominates to the VA medical facility Director, Chief of Staff, and Associate Chief of Staff for Education or similar position, qualified candidates for graduate education and training in various medical specialties in integrated educational programs.

d. Collaborates in defining proposed schedules of attendance to VA medical facility.

e. Collaborates in supervision of training.

*NOTE: If a Medical Education Subcouncil is not established, the Affiliation Partnership Council will be responsible for these activities.*

### 2. MEDICAL EDUCATION SUBCOUNCIL LEADERSHIP

a. In most cases, the Dean of the affiliated medical school or the Vice President of Health Affairs of the University is the chairperson of the Medical Education Subcouncil.

b. In cases of multiple medical school affiliations with VA, consideration needs to be given to having co-chairs of the subcommittee or to rotating the chair position.

### 3. MEDICAL EDUCATION SUBCOUNCIL MEMBERSHIP

a. The Subcouncil, which considers and advises on the full range of the subcouncil's responsibilities, is comprised of:

(1) Deans and senior faculty members of the affiliated medical schools and other academic institutions, as appropriate.

(2) Representative(s) of the medical staffs of the VA facility.

(3) Student and/or resident representative(s) from the training programs.

(4) The VA facility Chief of Staff.

(5) Such other of the affiliated school's faculty (e.g., Program Directors) and VA facility staff (e.g., clinical service chiefs, service line managers) as are appropriate.

b. The Director, Associate Director, and Chief of the Nursing Service of the affiliated VA facility, and others they may designate are ex officio members without vote and will be in regular attendance at Medical Education Subcouncil meetings.

c. Temporary appointments to the Medical Education Subcouncil for acting department chairperson at affiliated medical schools and acting chiefs of services and/or service line managers at the VA facilities are made by the chairperson of the subcouncil to the individual.

*NOTE: All temporary appointments terminate automatically when permanent appointees replace temporary appointees.*

#### 4. MINUTES

Reports and minutes of all Affiliation Partnership Council subcommittee or subcouncil and ad hoc subcommittee or subcouncil meetings will be appended to the parent Affiliation Partnership Council minutes and their activities reflected in the Council minutes sent to the Office of Academic Affiliations (14).